

CONSUMER SATISFACTION SURVEY

CONSUMER FIRST NAME: _____

CONSUMER LAST NAME: _____

CONSUMER #: _____

SUPPORT COORDINATOR: _____

CHECK ONE:

LIVES WITH FAMILY: _____

LIVES ALONE: _____

LIVES IN HH/PP HOME: _____

LIVES IN RESIDENTIAL/GROUP HOME: _____

LIVES WITH ROOMMATES IN APT/HOME: _____

CHECK ALL THAT APPLY:

EMPLOYED: _____

MINOR: _____

CHECK ONE:

UTAH COMMUNITY SUPPORTS WAIVER _____

AQUIRED BRAIN INJURY WAIVER _____

PHYSICAL DISABILITIES WAIVER _____

STATE FUNDED ONLY _____

UTAH STATE DEVELOPMENTAL CENTER _____

RESPONSE PERCENTAGE:

CONSUMER _____

FAMILY _____

SUPPORT STAFF _____

SUPPORT COORDINATOR _____

OTHER _____

100%

LOCATION SURVEY OCCURRED:

HOME _____

JOB _____

DAY PROGRAM _____

SUMMER PROGRAM _____

COMMUNITY _____

OTHER _____

CONSUMER SATISFACTION SURVEY

INSTRUCTION GUIDE

The Division of Services for People with Disabilities seeks to promote opportunities for persons with disabilities to lead self-determined lives. The Consumer Satisfaction Survey is used as a tool to gather information that will provide data on persons receiving supports to measure satisfaction of services and individual choice. The survey consists of two sections.

Section I of the survey is to be a direct interview with the person receiving supports. The person receiving supports should answer the questions to the best of their ability, however, other respondents may contribute if needed. If the consumer is non-verbal and/or unable to respond to the questions, the following questions may be asked of the caregiver prior to the survey (taken from The Lifestyle Profile by Dave Hennessey).

1. How do you, or anybody else, know when (consumer) is happy or satisfied? What do you see or hear that indicates that a situation or answer is right or true for (*him/her*)?
2. How do you, or anybody else, know when (consumer) is unhappy or irritated? What do you see or hear that indicates that a situation or answer is not the best for (*him/her*) or not true?
3. How will (consumer) let me know that your response is true for (*him/her*)?

The consumer should be present when the caregiver is being interviewed with the Consumer Satisfaction Survey. In the consumer's own way, they may be able to validate or confirm the truthfulness of the responses being given by the caregiver. It is important to be sensitive to the consumer and their needs. The interviewer should schedule the survey where the consumer chooses and/or feels most comfortable. If the interview is too long for the consumer, it can be broken into sections based on the consumer's needs. The interviewer should let the consumer know they do not have to answer any questions they are not comfortable with. The consumer can choose not to participate in the survey.

Section II is to be completed by the interviewer. This section pertains to the interviewer's assessment regarding the quality of services being provided. This section should be filled out after the survey is complete. The interviewer should rate the provider(s) and service(s) that are discussed during the survey that relate to supports provided to the consumer. This rating should be based on the interviewer's assessment of the consumer responses, observation of interactions, and environment.

Aggregate reports will be shared within the Division, with Providers, and with the Department of Health. Any concerns that arise during the survey will be handled in a timely manner on an individual basis.

SECTION I: DIRECT INTERVIEW WITH THE PERSON RECEIVING SUPPORTS

DAYTIME PROGRAMS/EMPLOYMENT

1. Do you like your _____ (job, day program, school, summer program/camp, after school program)?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

2. Did you choose your _____ (job, day program, school, summer program/camp, after school program)?

1 = I do not have choices, others make decisions for me
2 = Others make choices for me, but I don't mind
3 = I mostly make my choices, but wish I made more
4 = I make my choices, I feel my decisions are respected
5 = Did not respond
6 = N/A

Rating: _____

3. Do you like who you attend your _____ (work, day program, school, summer program/camp, after school program) with?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

WAGES

4. Do you make enough money?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

How much do you make? _____ (hourly, weekly, bi-weekly, monthly, annually)

5. Is that enough money to have things you enjoy?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

HOME

6. Do you like where you live?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

7. Did you choose where you live?

1 = I do not have choices, others make decisions for me
2 = Others make choices for me, but I don't mind
3 = I mostly make my choices, but wish I made more
4 = I make my choices, I feel my decisions are respected
5 = Did not respond
6 = N/A

Rating: _____

8. Do you feel safe where you live?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

9. Could you choose to move somewhere else if you wanted?

1 = I do not have choices, others make decisions for me
2 = Others make choices for me, but I don't mind
3 = I mostly make my choices, but wish I made more
4 = I make my choices, I feel my decisions are respected
5 = Did not respond
6 = N/A

Rating: _____

ROOMMATES

10. Do you like your roommates?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

11. Did you choose your roommates?

1 = I do not have choices, others make decisions for me
2 = Others make choices for me, but I don't mind
3 = I mostly make my choices, but wish I made more
4 = I make my choices, I feel my decisions are respected
5 = Did not respond
6 = N/A

Rating: _____

12. Do you like living alone?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

PERSONAL CHOICES

13. Do you have choice in what you wear and where you shop for clothes?

1 = I do not have choices, others make decisions for me
2 = Others make choices for me, but I don't mind
3 = I mostly make my choices, but wish I made more
4 = I make my choices, I feel my decisions are respected
5 = Did not respond
6 = N/A

Rating: _____

14. Do you help plan your menu and go to the grocery store with your staff?

1 = I do not have choices, others make decisions for me
2 = Others make choices for me, but I don't mind
3 = I mostly make my choices, but wish I made more
4 = I make my choices, I feel my decisions are respected
5 = Did not respond
6 = N/A

Rating: _____

15. Do you have choices in what you eat and cook?

1 = I do not have choices, others make decisions for me
2 = Others make choices for me, but I don't mind
3 = I mostly make my choices, but wish I made more
4 = I make my choices, I feel my decisions are respected
5 = Did not respond
6 = N/A

Rating: _____

16. Do you choose what you do during the day? (what time you wake up, go to bed, what you watch on T.V., how you spend your freetime)

1 = I do not have choices, others make decisions for me
2 = Others make choices for me, but I don't mind
3 = I mostly make my choices, but wish I made more
4 = I make my choices, I feel my decisions are respected
5 = Did not respond
6 = N/A

Rating: _____

FAMILY

17. Can you see or talk to your family when you want?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

18. Do your staff help you keep in contact with your family?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

FRIENDS

19. Do you have as many friends as you want?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

20. Can you see or talk to your friends if you want?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

21. Do your staff help you keep in contact with your friends?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

COMMUNITY

22. Do you have opportunities to do things you enjoy? (going bowling, going to movies, going out-to-eat, Special Olympics)

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

23. Do you participate in clubs/groups/organizations/church activity if you choose?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

TRANSPORTATION

24. Can you get around to the places you want to go?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

HEALTH

25. Do you feel healthy?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

26. Do you get help to access your doctor/dentist?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

27. Do you get medical/dental services when you need them?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

SUPPORT COORDINATION

28. Do you know your Support Coordinator?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

29. Do you like your Support Coordinator?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

30. Do you want a new Support Coordinator?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

31. Does your Support Coordinator visit you?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

32. Does your Support Coordinator get back with you when you need help?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

PROVIDER SUPPORT STAFF

33. Do you like the staff that provides your supports?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

34. Were you involved in choosing your staff?

1 = I do not have choices, others make decisions for me
2 = Others make choices for me, but I don't mind
3 = I mostly make my choices, but wish I made more
4 = I make my choices, I feel my decisions are respected
5 = Did not respond
6 = N/A

Rating: _____

35. Do your staff help you with meeting your goals?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

36. Are your staff available when you need help?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

RIGHTS

37. Are you able to receive/send mail without others reading your mail?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

38. Are you able to use the phone when you want without others listening to your conversations?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

39. Are you able to be alone if you choose and have your privacy respected?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

40. Do people coming into your home knock and show respect before entering?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

41. Do people in your home ask and show respect before entering your bedroom?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

42. Do you know how your money is spent?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

43. Do you have spending money and the choice of how you spend it?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

44. Do you loan your money or belongings to staff?

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

45. Do you know what to do if you wanted a change? (provider, support coordinator, staff, service, additional needs)

1 = No, not at all
2 = OK, sometimes
3 = Yes, a lot
4 = Did not respond
5 = N/A

Rating: _____

SECTION II: INTERVIEWER ASSESSMENT

IS THE INDIVIDUAL RECEIVING QUALITY SUPPORTS AND SERVICES?

PROVIDER(S): _____

SERVICE(S): _____

1 = Poor
2 = Somewhat adequate
3 = Adequate
4 = More than adequate

Rating: _____

PROVIDER(S): _____

SERVICE(S): _____

1 = Poor
2 = Somewhat adequate
3 = Adequate
4 = More than adequate

Rating: _____

PROVIDER(S): _____

SERVICE(S): _____

1 = Poor
2 = Somewhat adequate
3 = Adequate
4 = More than adequate

Rating: _____

PROVIDER(S): _____

SERVICE(S): _____

1 = Poor
2 = Somewhat adequate
3 = Adequate
4 = More than adequate

Rating: _____

SUPPORT COORDINATION: _____ SERVICE(S): _____

1 = Poor
2 = Somewhat adequate
3 = Adequate
4 = More than adequate

Rating: _____

Interviewer: _____

Date: _____